Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Steil for Wisconsin, Inc. 1818 Milton Ave ADDRESS (number and street) (Check if address # 1448 is changed) Janesville 53545-1129 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS aspectrfai@gmail.com (Check if address is changed) Optional Second E-Mail Address lane@aspectcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.steilforwisconsin.com/ (Check if address is changed) DATE 2021 C00677286 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ruhland, Lane, , , Type or Print Name of Treasurer Ruhland, Lane,,, [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Steil, Bryan, George, ,	
	Candidate Party Affiliation REP Sought: House Senate President	State WI District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Ų.
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, or	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	
	C	

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V	Irite or Type Committee Name	,			
	Steil for Wiscor	isin, Inc.			
6.	•	ganization, Affiliated Committee,	Joint Fundraising Repr	esentative, or Le	eadership PAC Sponsor
	Steil Victory Fund				
	Mailing Address	1818 Milton Ave			
		# 1448 			
		Janesville		WI 5	3545-1129
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organizati	on 🗶 Joint Fundraising		Leadership PAC Sponso
	Trelationship.	Nigariization Allillated Organizati	Joint Fundraising	g Hepresentative	Leadership 1 AC Oponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number	optional) and position of	of the person in po	ssession of committee
	Ruhland, La	ne, , ,			
		8383 Greenway Boulevard			
	Mailing Address	Suite 600			
		Middleton		WI 53	3545-1129
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	mber 608	_ 291 7504
			·		
8.		address (phone number optiona	d) of the treasurer of the	e committee; and t	the name and address of
	any designated agent (e.g., a	ssistant treasurer).			
	Full Name Ruhland, La	ne, , ,			
	of Treasurer	2000 0			
	Mailing Address	8383 Greenway Boulevard			
		Suite 600			
		Middleton	, , , , , , , 1	WI 53	3545-1129
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111		51/11 –	Z.i. 00DL =
	Treasurer	<u>, , , , , , , , , , , , , , , , , , , </u>	Telephone nun	mber 608	_ 291 7504

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	epositories: List all banks or other depositories in which the committee deposits fund s or maintains funds.	s, holds accounts, rents
Name of Bank, Dep	pository, etc.	
(Cadence Bank	
Mailing Address	2234 W Broad Street	
	Athens	30606
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.	
	Johnson Bank	
Mailing Address	1 S Main Street	
	Janesville WI 5	53545
	CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	ed Organization, Affiliated Committee, Joint Fund	raiging Panyagantati	or Londovskin DAC Commi
	g Republicans Standing Together	aising nepresentative	e, or Leadership PAC Spons
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA L	30605-1332
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ider	atify by name, address (phone number - optional)		
Full Name	tify by name, address (phone number – optional)		
	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1			
2.		FEC ID number	C
		FEC ID number	С
3		FEC ID number	С
4		FEC ID number	С
	eted Organization, Affiliated Committee, Joint	Fundraising Representativ	ve, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE STE 101		
	Ste 101		
	ATHENS	GA L	30605
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ected Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Spo
Designated Agent: Ide			tative Leadership PAC Spo
Designated Agent: Id			tative Leadership PAC Spo
Designated Agent: Ide			tative Leadership PAC Spo
Designated Agent: Ide	entify by name, address (phone number – option	nal)	
Designated Agent: Ide	entify by name, address (phone number – option		Leadership PAC Spo

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connector	d Organization, Affiliated Committee, Joint Fundr	aicing Panyacantativ	o or Loodorphin BAC Spons
TAKE BACK THI	_	aising nepresentativ	e, or Leadership FAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
	OITV A	STATE A	ZIP CODE ▲
	CITY ▲ ed Organization	Fundraising Represent	tative Leadership PAC Sp
Connecto	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	and Organization Affiliated Committee Joint Affiliated Committee Joint Affiliated Committee CITY A	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	ed Organization		
esignated Agent: Identification of the second of the secon	Affiliated Committee Affiliated Committee Figure 1	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identification of the composite of the c	Affiliated Committee Ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which naintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ts funds, holds accounts, rents